

Rhode Island Department of Labor and Training

Temporary Disability Insurance
Progress Report
2006



Aligning the TDI interests of
workers, employers and the medical community
for the common good of the people of Rhode Island



Temporary Disability Insurance
Rhode Island Department of Labor and Training

www.dlt.ri.gov/tdi

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Donald L. Carcieri, Governor



A Message from the Director

Dear Governor Carcieri:

At this time last year, you introduced the Temporary Disability Insurance (TDI) Task Force Report by thanking the Task Force members for their “enthusiasm, diligence, strong commitment” and their “great service to the people of Rhode Island.” Over the past year, the Task Force has continued that commitment, and has seen its recommendations and action plans bearing the fruit of successful implementation.

Our hats are off to the leadership and staff of the TDI Program for the fine job they have done implementing the ambitious action plan that was created last year. Every goal has been addressed, and several new initiatives have been successfully launched

- ◆ A Partial Return to Work (PRTW) option was introduced in January, 2006, enabling over 325 claimants to return to work on a partial basis and still receive partial TDI benefits. Savings to the TDI system are estimated at \$261,000.
- ◆ A Case Management Unit was established with two Registered Nurses now on staff. The RN's have followed 400 cases that have been referred to them since January. Initial results show that problematic claims are getting resolved quicker with accompanying savings of cost and time.
- ◆ TDI has adopted and implemented Medical Duration Advisory (MDA) guidelines. The MDA establishes recommended lengths of time a person should remain out of work for thousands of diagnoses. The medical community has welcomed the MDA as a way to provide a common standard that can be used by all medical personnel who certify employees for TDI.
- ◆ TDI has reached out with new education and communications programs to raise awareness of the TDI features and options and to equip people with the information and tools they need to benefit from them.

Most significantly, throughout this challenging implementation phase, TDI has put several feedback mechanisms in place to collect the opinions and ideas of customers, employers, and members of the medical community. Thanks to this feedback process, the Progress Report also presents data on how the changes have been received, and input from our most important constituent groups on how the new programs are working for them.

On behalf of the Temporary Disability Insurance program and the Department of Labor and Training, I am proud to present this report to you and to the people of Rhode Island. The “enthusiasm, diligence, and strong commitment” of the Task Force has been passed on to the TDI Staff. They have admirably launched the action plan, and through careful listening to customers, they have helped to further the Department's goal to “enhance and enrich the efficiency of the TDI program”, while at the same time to “align the TDI interests of the worker, employer, and medical community for the common good of the People of the State of Rhode Island.



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Introduction

In October, 2005 the TDI Task Force concluded a year long study of the TDI system. The Task Force issued a report with six recommendations aimed at improving the TDI program and administration, and an action plan with specific objectives and timelines. The actions taken during 2006 and the progress achieved on those recommendations are the focus of this Progress Report. The report will also provide customer feedback on the new Claims Management process and results of the Partial Return to Work Survey.

In its first year of implementation, the TDI Action Plan has modernized and streamlined the TDI program, making it more effective and responsive to its three main stakeholders - employees, employers, and the medical community. At the same time, the value and integrity of this model program, and its importance as a critical protection for Rhode Island workers, has been preserved.

Background

In 2004, the Department of Labor and Training (DLT) implemented a review of the Rhode Island Temporary Disability Insurance (TDI) program. The purpose of the review was to identify the strengths and weaknesses of the system, explore opportunities for improvement, and make recommendations to enhance the efficiency and effectiveness of the TDI program.

In order to ensure a credible review, a comprehensive, independent research project was initiated with the URI Schmidt Labor Research Center in the summer of 2004. Ten years of TDI data was examined to establish an objective information base regarding actual usage and trends over this period, and to identify areas that warranted further attention.

A TDI Task Force was formed, representing the main constituents of the TDI program - employees (represented by members of the labor community), employers, medical community, RI legislature and administration, and the leadership and staff of TDI.

In October, 2004 the TDI Task Force began reviewing the research and discussing its key findings. During 2005, the Task Force requested further data from the URI researchers and more comprehensive information about the TDI system, in order to fully understand how the TDI program was being used by claimants and the medical community. Additional feedback was gathered from employers and HR professionals who manage the TDI programs in their companies, and from a Pilot Project that tested some of the proposed improvement measures.



In the spring of 2005, the Task Force concluded that implementing certain changes would improve the effectiveness and efficiency of the TDI system for all, and made the following recommendations:

TDI Task Force Recommendations

1. Publicize the medical duration guidelines used by TDI to Qualifying Healthcare Providers in order to provide more consistency in the certification process.
2. Offer a partial return to work option through proposed legislation that would modify current TDI regulations.
3. Implement a Claims Management system that can investigate situations where there may be abuse of TDI and resolve them.
4. Improve access to a specialty physician network to reduce the turn around time for an Impartial Exam. Investigate how to enhance the current system through possible involvement of RI health centers and hospital-based occupational health and wellness programs. Ensure that diagnostic records are provided to Impartial Examiners and at Board of Review.
5. Develop an education / communications plan to improve information and outreach to key groups. Articulate the roles and responsibilities of employees, employers, the state, and medical providers - what each group needs to know, what each group is supposed to do.
6. Implement a TDI fraud program that will work with the fraud units of Unemployment Insurance and Workers' Compensation.

Progress and Results

MDA Guidelines Adopted

In the fall of 2005, TDI purchased and began using the Reed Group Medical Disability Advisory (MDA) guidelines. The MDA specifies durations for all diagnoses, and is used internally to set the duration for TDI claims. It is also the standard used to flag claims for review where the number of weeks certified appears to be beyond the standard duration. (See Appendix A)

Before the MDA guidelines, the TDI Medical Unit (MU) staff relied on a large, cumbersome volume with many outdated diagnoses. Today they have quick, easy access to an on-line system with a greatly expanded number of diagnoses. A critical plan for the future is to integrate the MDA guidelines into the TDI Claims system on medical screens and on the medical forms.



Claims Management Unit Established

In August, 2005, two Registered Nurses were hired to help establish the new Claims Management Unit (CMU) as a support to the Medical Unit (MU). The CMU role was to review questionable claims or claims which exceeded standardized guidelines, and to enter into dialogue with Qualified Healthcare Providers (QHP's) when a claimant fails to recover.

In its first year, the Claims Management Unit has been well received by key constituents. Consistent with the customer and QHP reactions to the Pilot Project that was done in 2005, claimants have shown appreciation for the concern and attention of the CMU nurses, and QHP's have praised the MDA guidelines and the education on how to use them.

To line staff, the idea of a claims management unit was not seen as a critically needed addition to TDI at first. But as the CMU and MU have worked closely together, they have contributed significantly to each other's success and the effectiveness of the TDI program.

Claims Management Unit and Medical Unit Collaboration

The TDI Medical Unit, comprised of a seasoned staff of Benefit Claims Specialists, has brought a wealth of knowledge to the nurses in the CMU. Frequent collaborative meetings are held to identify short falls in the current system, and changes in current policies and practices that can save time and achieve greater accuracy. This culture of improvement has been the catalyst needed for forward progression and has been instrumental in realizing the gains made through this partnership.



1. More timely interventions – As was discovered in the 2005 research, there were many cases where a claimant's disability duration had extended far beyond uniform duration without any observed follow up by the QHP. The intervention of the CMU in these cases has resulted in significant reduction in the number of these cases. The CMU and MU have set an ultimate goal to address all cases with poor QHP follow up immediately.

2. More appropriate durations – Before the CMU, Medical Unit staff would set durations conservatively. If a diagnosis allowed between two and six weeks, they would tend to allow two weeks. When the time expired, it would trigger the claim to be activated again if additional weeks were certified by the physician. Now, the MU staff can rely more on the medical expertise of the CMU nurses to set durations. Often, the CMU nurses will allow a longer initial duration, due to their deeper understanding of the medical diagnosis. This improvement has caused more appropriate durations to be set for claimants, and it has saved the MU staff, customers, and QHP's considerable time and paperwork.

3. Request for Information letter - One of the earliest and most successful innovations was to send a formal letter to the QHP, highlighting the claimant's last documented appointment and requesting written medical documentation to support extended TDI benefits. (See Appendix B) This requirement for a comprehensive, clinical report justifying additional disability duration, and the follow up by the CMU has had an impact on decreasing utilization of benefits. In many cases, QHP's have withdrawn certification after reviewing the diagnosis, offered return to work dates, or agreed to partial return to work status.

4. Medical Forms Redesign Project - Medical Unit staff have noted problems with current forms such as superfluous information, missing information, and duplicative documentation that wastes their time. Compounding this is the need for new information on the diagnosis and plan of care, now that the CMU, MDA Guidelines, and the Return to Work program are in place. A goal of the CMU and MU is to develop a comprehensive tool that is compatible with existing technology. A draft of a new Qualified Healthcare Provider medical certification form is being sent to key constituents of the medical community for their review and comments.

Claims Management Investigation, Tracking and Results

A key finding of the 2005 TDI Task Force Report was that, although the great majority of TDI claims are legitimate, there were some areas where the data suggested inappropriate use of TDI and/or grossly extended durations. One of the recommendations was to proactively investigate situations where there may be abuse of TDI such as "high frequency users, high frequency certifiers, claims that extend significantly beyond the medical duration guidelines, certain geographies, seasonal influences, sub-sectors, and companies where usage and/or duration are far outside of the norm."

Beginning in the fall of 2005, the CMU nurses began to collect data on referred cases that were out of the norm for usage or duration. Between September, 2005 and January, 2006, 75 cases were followed up through direct contact with the claimant and/or the QHP with the following findings:

- ◆ 25 QHP's returned the phone call, seeking further information about the MDA guidelines and/or the CMU process. Most welcomed the changes.
- ◆ Most claimants were positive and appreciative of the personal contact.
- ◆ About 12% of claimants returned to work after the MDA guideline was faxed to the QHP, About half of these returned before their certification period had expired.
- ◆ The use of Independent Exams (IE) increased, due to the need to document extended durations.
- ◆ Of the 75 claims studied, some high utilizers were identified among the group:
 - ◆ 16% of the claimants were high utilizers, defined as individuals who have filed repeated claims during a year over multiple years
 - ◆ One employer was identified as having a large number of high utilizers.
 - ◆ Some physicians were high certifiers, defined as certifying high numbers of claimants.
- ◆ Intervention on claims with extended and unsupported duration tended to speed the date that the claimant returned to work.

An ACCESS database was developed to input this data and to track outcomes and impact of the CMU process, with an ultimate goal to identify, resolve, and prevent abuse through intervention and education.

At the same time, the CMU did an in-depth study of certain diagnoses that the TDI Task Force research had targeted for greater focus. These diagnoses were 1) strains, sprains and other unspecified back disorders and 2) certain mental health and stress disorders. In both of these diagnoses, the usage and duration of claims was high and the diagnosis was frequently subjective.

The CMU nurses reviewed 807 active claims from these diagnoses, paying particular attention to cases involving high frequency certifiers, high frequency users and most importantly, durations that were already far in excess of the MDA guidelines. They selected cases that merited follow up, and added them to the ACCESS database for follow up.

Outcome of Claims - 5/30/06 and 8/24/06					
	5/30/06			8/24/06	
	Total Cases	Percent of Total		Total Cases	Percent of Total
Closed	101	44%		215	54%
Closed and QHP Educ	14	6%		17	4%
No Response from QHP	14	6%		19	5%
QHP Educ and Referral	3	1%		3	1%
QHP Educ	10	4%		13	3%
Resource Referral	9	4%		16	4%
Return to Work FT	35	15%		85	21%
Return to Work PT	2	1%		4	1%
Not specified	29	17%		28	7%
TOTAL	227	100%		400	100%

Between January and August, the CMU nurses worked with on these referred cases as the database grew to 400 cases. To the left is a chart comparing the preliminary Outcomes of Claims for 5/30/06 and 8/24/06. The shaded data highlights the improvement in the percentage of cases closed – 44% vs. 54% of total, as well as the increase of claimants returning to work from 15% to 21% of total.

Impact of CMU Interventions

The CMU nurses also tracked their impact in preventing inappropriate usage of TDI and/or reducing duration. The chart to the right shows the nurses' assessment of CMU Impact on the claims they were following, based on their tracking of these cases. While the percentage of cases with "No" impact is unchanged, the significant increase in "Yes" from 16% to 27% shows the growing ability of the CMU to document how they have helped to stem potential abuse and to keep TDI durations in closer alignment with the MDA guidelines.

CMU Impact on Claims and Outcomes 5/30/06 and 8/24/06					
	5/30/06			8/24/06	
IMPACT	Total Cases	Percent of Total		Total Cases	Percent of Total
Don't Know	111	49%		151	38%
No	79	35%		140	35%
Yes	37	16%		110	27%
	227	100%		401	100%

Thanks to extensive notes on each specific case followed by the CMU, it was possible to further analyze the Impact of the 110 cases rated as “Yes” by the CMU nurses, and to identify the specific impact areas and the interventions that have contributed to them. The chart below describes these interventions and their impact.

CMU Interventions Leading to Positive Impact		
Positive Impact (“Yes”)	Type(s) of Intervention by CMU that contributed to the impact	# of Claims affected
Resolution of problem payment issues or duration questions	<ul style="list-style-type: none"> - Direct discussion with QHP and/or claimant to obtain facts regarding qualifying payment. - Obtaining facts needed to determine appropriate duration for the diagnosis. 	38
Client returned to work	<ul style="list-style-type: none"> - Telephone call from CMU to QHP or claimant inquiring about questionable diagnosis and duration. - Discussion of case sometimes prompted QHP to set a RTW date in cases nearing completion, or the claimant to inform TDI of a RTW date that had been set, but not communicated. 	18
Able date given by QHP	<ul style="list-style-type: none"> - Discussion of lagging cases educated QHP about MDA guidelines and resulted in getting the case back on track with quantifiable time frames for RTW. 	16
Claim denied or stopped for other reasons	<ul style="list-style-type: none"> - Investigation revealed that claim was fraudulent or inappropriate for TDI coverage. - Investigation revealed that claim should have been an unemployment claim - Repeated attempts to reach the claimant and/or QHP went unanswered. - Physician was no longer willing to certify claimant. 	15
Claim denied or stopped due to Impartial Exam-related reason	<ul style="list-style-type: none"> - Investigation revealed that claimant failed to schedule IE appointment, or to attend IE appointment. - Investigation revealed that claimant had returned to work in advance of IE. - IE required by CMU was completed, resulting in a denial of the claim or extension. 	14
Reduced duration	<ul style="list-style-type: none"> - Discussion of particular cases often caused QHP to re-evaluate weeks certified and reduce them instead of letting them run to maximum. 	9
Total		110

While it is not possible to quantify the dollar impact of these interventions, the results of the CMU impact assessment, and the monthly reports of the CMU, are providing indicators that the CMU is making a positive difference in the quality of TDI claims management and in saving time and dollars.

Monthly reports generated by the CMU also show a decrease in the number and/or duration of claims from some of the high frequency certifiers. This may be an indication of behavioral change directly related to CMU outreach and direct communications with these individuals.

Medical Tourism

With the globalization of health care, TDI is experiencing a new phenomenon which has been identified as “Medical Tourism.” Medical Tourism is defined as a health vacation. Claimants travel overseas combining elective surgeries and treatment with sand, sun and surf at a reduction of the cost they would pay here in the States. As these cases have been studied by the CMU, it is clear that Medical Tourism compromises the current policies under which TDI operates. For instance, there is a lack of credentialing of QHP’s, lack of clinical documentation and frequent fragmented care of the claimant.

The CMU is charged with keeping abreast of trends such as Medical Tourism and presenting them, along with possible policy and procedure changes to the department leadership, as TDI seeks amicable solutions that serve our constituents while maintaining the quality of the TDI program.

Return to Work Program Implemented

In October 2004, a bill that would allow payment of partial TDI benefits was introduced to the Rhode Island State Senate. The bill passed the House and Senate and was signed into law by Governor Carcieri in July, 2005 and became effective on January 1, 2006.

The goals of the Return to Work (RTW) program are to: 1) allow employees to return to work sooner and more smoothly than under the previous system and 2) realize savings to the TDI program.

In these early stages, reports from the TDI Medical Unit indicate that claimants are indeed getting back to work sooner, and many who are recovering or undergoing treatment are positive and grateful for the opportunity to return to work partially, while still having the time to recuperate. An e-mail received in August from one customer is indicative of some of the positive feedback.

“... Thank you very much for helping me in my time of need. I think I have taken enough time from work to recuperate and I am ready to return to a scheduled 32 hours per week. I decided to trial part time ... 14 hours per week... After my 14 hours I realized that I was OK to continue and have started my scheduled 32 hours. Please do not send me any more money. I am now back to work and getting better every day. Everyone I have spoken with at your office has been informative, professional and supportive. Not many government agencies are like that, and I truly appreciate the time and effort ... to help me through this rough time. ... Again thank you for your expedient help and kindness.”



In the area of realizing savings, there is not enough data, and no baseline, upon which to do an actual cost analysis. Adjacent is a summary of Return to Work usage and activity between January 1 and August 25, 2006, along with a hypothetical comparison between actual payments made to claimants who used the partial return to work option vs. payments that would have been made if the claimants had remained out of work full-time and been paid full benefits.

Usage of RTW Program – 2006 with Cost Savings Estimate	
Number of customers utilizing RTW program	321
Total number of payments	1,145
Total partial dollars paid	\$199,244
Total dollars paid if customer collected full WBA	\$459,766
Hypothetical savings to system	\$260,522

This data will help to establish a baseline that will allow more accurate measurements and actual year to year comparisons in 2007.

Partial Return to Work (PRTW) Survey

To provide some quantifiable data on how the RTW program is working for TDI customers, TDI conducted a customer survey in August, 2006. Surveys were sent to 309 customers who have used the new option since January, as well as to 268 employers whose employees have used the option. (See Appendix C and D) Survey questions focused on awareness, effectiveness, and ease of the PRTW program, and provided an opportunity for open-ended feedback and suggestions. The survey return rate was 34% for customers, and 35% for employers.

One of the most important findings was that over 25% of employers had not heard of the program, although they had employees in their companies who had used it. The majority of comments from employers related to their lack of awareness and the need for more information. Customers who had used the Partial Return to Work option were aware of it, though many stated in their comments the need to publicize it more, and the need to smooth the information flow between clients, TDI, and medical certifiers.

The survey also asked about how well the Partial Return Program had worked so far. Customers gave higher ratings, with 80% saying that they “completely agree” or “somewhat agree” that the Partial Return to Work program had worked well for them. Employers had a lower rating of 64%. This low rating from employers is largely explained by the high level of “Don’t Know” and “N/A” responses from employers. Customers selected these answers only 9% of the time vs. 34% for employers. This again indicates the lower level of awareness by employers of the PRTW option, and the need for more education.

The final two question areas tested satisfaction with 1) the new forms that were developed for the PRTW program, and 2) the ability of TDI staff to answer questions fully and courteously. Again, both areas were rated well by customers, with over 80% ratings to both questions vs. 67% and 48% for employers. The lower employer ratings were again accounted for, not by a lack of satisfaction, but by the lack of awareness shown by the high number of



“Don’t Know” and “N/A” responses. A more detailed report of survey feedback is on Appendix E.

One of the most important areas surveyed was whether or not customers and employers perceived the PRTW option as a benefit to them. The top rated benefit was “a way to ease back into work” - selected by 72% of customer respondents and 45% of employers, with “getting back to work sooner” the number two choice. Customers also perceived significant psychological benefits such as raising their spirits by getting back with colleagues and reducing boredom and depression. About 10% of customers did not think the PRTW option had helped them; 23% of employer respondents did not think it had helped their company.

Perceived Benefits of Partial Return to Work from 2006 Customer and Employer Surveys			
How has the Partial Return to Work Program helped you?		Customer	Employer
1. A way to ease back into work		72%	45%
2. Getting back to work sooner		45%	37%
3. Getting back with colleagues raised spirits		30%	N/A
4. Reduced boredom/depression		29%	N/A
5. Has not really helped our company		N/A	23%
6. Has reduced overtime and/or need to hire temporary workers		N/A	17%
7. Other		10%	11%
8. Has not really helped me		10%	N/A

Note: Totals equal more than 100%, because respondents could check more than one benefit.

Note: “N/A” indicates that the question was not on the customer / employer survey.

The category “Other” and the opportunity for open-ended comments on the survey yielded valuable feedback from both customers and employers. The most frequent critiques were typical of the frustrations experienced during implementation of a new program:

- 1) the need for better communications on how the program works;
- 2) easier access to a TDI representative to answer questions;
- 3) confusion about benefit calculations and payments.

These areas must all be addressed. These helpful comments and critiques will be used to assist TDI to continue the development and improvement of the Return to Work option.

Specialty Physician Network / Impartial Exam Improved

In an effort to attract more specialty physicians to conduct Impartial Exams (IE), a brochure entitled “TDI for QHP’s” was developed and mass mailed to all physicians and other QHP’s early in 2005. The brochure contained a section alerting physicians about the opportunity and need for Impartial Examiners in all specialties

Within the IE process itself, some improvements were made to streamline and speed the process:

- ◆ A new standard now requires the physician or QHP to fax his/her decision to allow or deny benefits to TDI within 24 hours after the IE is completed.
- ◆ The CMU has adopted a “role model” practice that insures that medical records are present at meetings of the Board of Review for all cases in which they are involved. A related improvement being considered is to assign CMU staff to represent TDI at all meetings of the Board of Review.
- ◆ The CMU has developed a Code of Ethics for impartial examiners.
- ◆ Educational courses for impartial examiners are being planned.

Education / Communications Enhanced

The education of staff has been intensive due to the number of new initiatives, such as the new MDA guidelines, the CMU, the RTW program, and the many internal changes and new systems required to implement them.

Education of QHP’s has included the mass-mailed “TDI for QHP’s” brochure (Appendix F), and the enhanced personal contact between the CMU and QHP’s for the 400+ referred cases. A new standard interview form and other communications are providing better information to QHP’s that is more diagnosis-specific. Also, the top 18 TDI diagnoses and their uniform medical durations are available to QHP’s on the TDI website <http://www.dlt.state.ri.us/tdi/TopMedDurations.htm>.

The CMU has cultivated an important new relationship with Rhode Island Hospital and their medical nurse managers. This has resulted in greater use of the MDA standards and more accurate data from one of the highest certifying groups in the state.

The education of employees is mainly on the TDI website, improved FAQ’s, and greater personalized attention to cases through the CMU.

Education of employers is a priority for 2007. As the Task Force learned, there are many advantages of the TDI system to RI employers - as a valuable insurance program, a safety net for their workers, and a competitive advantage. These messages will be communicated to employer groups, as continued education and dialogue with employers is planned for 2007. There are plans to hold a special meeting with DLT’s Employers’ Service Unit, as well as scheduled presentations by the CMU staff and nurses to Rotaries, Chambers, labor unions, and other groups. A new TDI brochure for Employers called “TDI: What Employers Need to Know” has also been developed to distribute among the employer community. (See Appendix G)



Responsiveness to employers' needs and questions has also improved due to their active involvement with the Task Force. Employers have been encouraged to report possible abuse of TDI, or any other problems they are having with TDI directly to TDI. Fifteen (15) of the current cases referred to the CMU came from employers.

The TDI program is collaborating with and educating other public and private partners in Rhode Island. A new collaboration with the RI Department of Health (DOH) is in the planning stages. Working with a designated representative from DOH as a liaison, attractive training programs are being discussed that will train QHP's and Impartial Examiners about TDI, and offer medical education units as well.

TDI and the Donnelly Center have met to share best practices for setting and tracking durations. This has resulted in an ongoing dialogue between the CMU nurses and Donnelly Center staff, and the Donnelly Center purchasing the MDA guidelines in addition to the software they have been using.

TDI Fraud Program

Greater efforts have been made to identify TDI claims that may have been submitted simultaneously to another unit, such as Unemployment (UI) or Workers' Compensation (WC). To assist this effort, a request for a cross-match program that will flag overlapping cases more easily has been submitted to the Information Services Division.

TDI has also stepped up efforts to educate customers, employers, medical providers or any members of the community to report possible abuse of TDI for further investigation.

The CMU has identified several claims that were mistakenly or deliberately submitted to TDI that were actually Unemployment Insurance claims. Through the referred cases from the Medical Unit, managers, administration, employers, and claims reports of high certifiers and utilizers, the CMU has successfully pursued cases such as certain school personnel filing TDI claims upon the closing of school each summer, and a rash of TDI claims from employees of a recently closed nursing home. Thanks to the ability of the CMU nurses to work effectively with the QHP to determine whether the claim is legitimate or not, these and similar cases have been handled with excellent results.



Moving Forward...

TDI has several projects on the horizon that will define the next stages of implementation of the Task Force recommendations, and that will revolutionize the way we conduct business.

- ✧ Streamlining the flow of information through the creation of new “user friendly” forms
- ✧ Implementing a telephone option for reporting hours for Partial Return to Work claimants.
- ✧ Working with ISD to implement interconnected computer programs that allow vital information to be collected for quantitative reporting.
- ✧ Promoting the Return to Work program as a model component of TDI that benefits employees, employers, medical community and TDI system.
- ✧ Creating uniform criteria for CMU referral system
- ✧ Establishing educational, credit-bearing programming for QHP’s and Impartial Examiners in partnership with the Department of Health
- ✧ Educating employers about the competitive advantages that TDI brings to RI businesses. Creating and marketing compelling presentations such as “How TDI Supports Your Company’s Success” to present to Rotaries, Chambers, HR groups, etc.
- ✧ Insuring that Independent Examiners and Board of Review are well educated and equipped with necessary records to make informed medical decisions.

Appendix A

MDA Sample Guideline - Appendectomy

Related Terms: Excision of Appendix, Removal of the Appendix

◆ Definition

An appendectomy is surgical removal of the vermiform appendix, a small, finger-shaped projection in the lower right abdomen at the juncture of the large and small intestines. The appendix, protruding from the large intestine (cecum), generally is considered an unessential organ removable without significant loss of body function. The appendix produces a small amount of mucus that normally flows into the large intestine. It also contains lymphatic tissue that is part of the immune system. The purpose of the appendix is unclear.

Symptoms such as severe pain accompanying an inflamed or infected appendix (appendicitis) tend to occur rapidly (acute). For this reason, an appendectomy usually is an emergency procedure.

◆ Reason for Procedure

Appendectomy is performed as treatment for inflammation of the appendix (appendicitis). Due to the nature of the signs and symptoms of acute appendicitis, the diagnosis is never certain until the appendix is inspected during open or laparoscopic surgery. In a substantial number of cases of suspected appendicitis, the appendix is removed even though it is free of disease at the time of the operation. A healthy appendix may also be removed in the course of other abdominal surgery so that it does not become inflamed later, thus possibly sparing the individual additional emergency surgery later.

◆ How Procedure is Performed

Appendectomy is done by a general surgeon as an inpatient surgery under general anesthesia. Before surgery, blood and urine tests, x-rays, ultrasound, and/or sectional imaging (computed tomography or CT) of the abdomen may be needed.

During a conventional appendectomy, a small incision (McBurney incision) is made in the abdominal wall. The incision is placed in the lower right side of the abdomen, in the area over the appendix, and the muscles over it are split or cut. The surgeon then locates the appendix and inspects it. If there are no complications involving the surrounding tissues, the surgeon cuts the appendix away from the abdomen and/or large intestine. If a pocket of infection (abscess) has formed, it will be cleansed and suctioned away by a special instrument (suction irrigator). A tube also may be left inside the abdomen to promote drainage from infection. The incisions are then closed, and the procedure is complete. In about half of cases, surgeons may choose the newer technique for removing the appendix, laparoscopic appendectomy, using a tiny video camera (laparoscope) that is inserted into the abdomen through a very small incision. During the laparoscopic procedure, the surgeon uses the video camera to view the abdominal cavity and its contents. Because abdominal regions can be seen easily, this technique is especially useful when the diagnosis of appendicitis is unclear. Specialized surgical tools that can also be inserted through tiny incisions are used to remove the appendix in the same manner as for the conventional open surgical procedure. The benefits of laparoscopic surgery include less postoperative discomfort and quicker recovery time. In the case of a ruptured or perforated appendix, the open incision method may be preferred because it is associated with fewer incidences of postoperative abdominal abscesses.

◆ Prognosis

Following an uncomplicated appendectomy, most individuals are discharged from the hospital within 1 to 3 days after the surgery. Activity will be limited for 1 to 3 weeks, but full recovery should be expected shortly thereafter. An individual with a ruptured appendix may be hospitalized for up to 2 weeks following surgery. Individuals with complications can also expect full recovery, although the recovery period may be prolonged. Deaths following an uncomplicated appendectomy are rare. Elderly individuals with a ruptured appendix have a death rate of more than 10% (Craig).

◆ **Specialists** - General Surgeon

◆ **Comorbid Conditions**

- Gastrointestinal disorders
- Hepatic disease
- Immune system disorders
- Obesity
- Renal disease

◆ **Length of Disability**

Surgical treatment, laparoscopic appendectomy.

DURATION IN DAYS			
Job Classification	Minimum	Optimum	Maximum
Sedentary	1	3	7
Light	1	3	7
Medium	3	7	10
Heavy	7	14	28
Very Heavy	7	21	35

Surgical treatment, ruptured appendix.

DURATION IN DAYS			
Job Classification	Minimum	Optimum	Maximum
Sedentary	10	21	28
Light	10	21	28
Medium	14	28	42
Heavy	21	28	49
Very Heavy	28	42	63

Surgical treatment, open or conventional appendectomy.

DURATION IN DAYS			
Job Classification	Minimum	Optimum	Maximum
Sedentary	1	7	14
Light	1	7	14
Medium	14	21	28
Heavy	21	28	42
Very Heavy	21	28	42

◆ **Complications**

Potential complications of appendectomy include infection of the surgical incision, abscess, bleeding, and blockage of the intestines (bowel obstruction). Instruments used to cut the appendix away from the intestine could perforate the intestine or tube carrying urine from the bladder to the kidney (ureter). If the individual being treated is pregnant, an appendectomy may lead to premature delivery. Individuals with a ruptured appendix (perforated appendicitis) prior to surgery could develop infection of the abdominal cavity (peritonitis), which may be life-threatening. Perforated appendicitis may lead to postoperative development of abdominal abscesses, which are more prevalent if laparoscopic surgery is used.

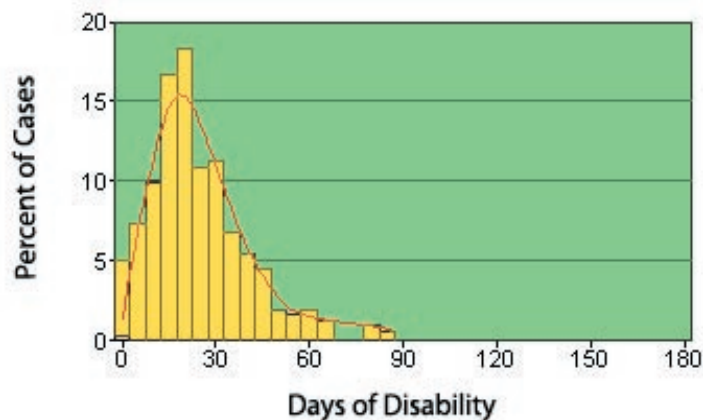
◆ **Factors Influencing Duration**

Surgery type, surgeon skill, presence of surgical complications and appendix condition (intact, abscessed, or ruptured) may affect recovery time. Those who perform heavy work may require a longer recovery period than those with more sedentary tasks.

◆ **Reference Data Trends**

DURATION TRENDS
ICD-9-CM: 47.0

Cases	Mean	Min	Max	No Lost Time	Over 6 Months
311	24	0	82	0.3%	0%

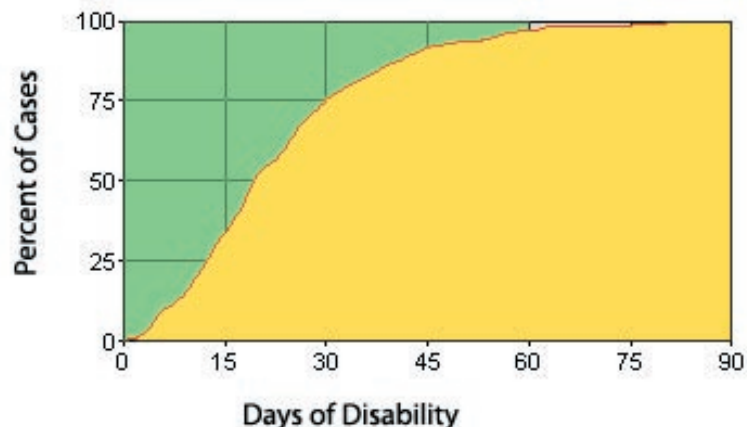


Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

◆ Return to Work

Extended sick leave may be required while the individual recovers. Driving should be avoided after surgery, as should any vigorous exercise and heavy lifting (no greater than 25 pounds for six weeks).

Percentile:	5th	25th	Median	75th	95th
Days:	5	13	20	30	55



◆ Medical Codes

ICD-9-CM: 47.0, 47.01, 47.09

CPT®: 44950, 44955, 44960, 44970

CPT©: 2004 American Medical Association.

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◆ Cited References

Craig, Sandy. "Appendicitis, Acute." eMedicine.com. Eds. William Lober, et al. 9 Jun. 2004. eMedicine.com, Inc. 2 Jan. 2005 <<http://www.emedicine.com/emerg/topic41.htm>>.

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Santacroce, Luigi, Juan B. Ochoa, and Tommaso Losacco. "Appendicitis." eMedicine.com. Eds. Oscar Joe Hines, et al. 9 Jun. 2004. eMedicine.com, Inc. 2 Jan. 2005 <<http://www.emedicine.com/med/topic3430.htm>>.



Appendix B

SAMPLE REQUEST FOR INFORMATION LETTER

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex

1511 Pontiac Avenue

Cranston, RI 02920-4407

Telephone: (401) 462-8000

TDD: (401) 462-8006

Donald L. Carcieri

Governor

Adelita S. Orefice

Director

Name of QHP

Medical Facility or Office

Street

City, State Zip Code

Date

Dear _____:

The following claim has been referred to the Claims Management Unit for review.

Your patient, _____, filed a claim for TDI benefits and has been medically certified by you for the past _____ weeks.

In order to process additional disability duration on this claim we will require supporting clinical documentation for _____.

Please indicate underlying medical and/or other psychiatric disorders that are impacting patients' recovery. Do you have an able to return to work date?

Clinical notes may be sent to our Medical Management Unit via confidential fax at (401) 462- 8809 or you may call **Pam Donnelly, RN**, case manager at **(401) 462-8446**.

Thank you in advance for your timely response in this matter.

Sincerely,

Case Manager

RI Department of Labor & Training

Appendix C

TEMPORARY DISABILITY INSURANCE (TDI) PARTIAL RETURN TO WORK PROGRAM CUSTOMER SURVEY

As a Rhode Island employee who has used the TDI Partial Return to Work (RTW) program in 2006, we would like your help in assessing this new program. The purpose of the survey is to test awareness of the Return to Work Program (RTW), its features, ease of use, and to find out how we may improve the program going forward.

This survey should take no more than two minutes to complete. A return envelope is enclosed for your convenience.

IMPORTANT: Your individual answers and comments will be kept totally confidential. The total responses from all surveys will be tallied together, and will be used to understand how the program is working for our customers and where we may make needed improvements.

1. How did you hear about the Partial Return to Work program?

Check only one:

- ☐ through information from TDI
☐ through my medical or health care provider
☐ through the media
☐ through my workplace
☐ other, (please list) _____

2. How has the Partial Return to Work program helped you?

Check all that apply:

- ☐ enabled me to get back to work sooner
☐ provided a way to ease back into work after my illness/injury
☐ reduced the boredom/depression of not being able to work
☐ raised my spirits to be back with my friends and colleagues at work
☐ other (please list) _____
☐ has not really helped me

Below are some of the features of the Partial Return to Work program. Please circle the number that best describes your experience.	Completely Agree	Somewhat Agree	Do Not Agree	Don't Know/Not Sure	N/A Does Not apply
Overall, the Partial Return to Work program has worked well for me.	1	2	3	4	5
The forms were clear and easy to complete.	1	2	3	4	5
TDI answered my questions or concerns fully and courteously.	1	2	3	4	5

3. What other comments do you have that will help us to understand how the Partial Return to Work program has worked for you and how we can improve it. (Use reverse side if necessary)

Please return this survey in the enclosed envelope to RI Dept. of Labor & Training, TDI Unit, P.O. Box 20100, Cranston, RI 02920-9984 by [date].

Thank you for helping us assess and improve the TDI Return to Work program.

Appendix D

TEMPORARY DISABILITY INSURANCE (TDI) PARTIAL RETURN TO WORK PROGRAM EMPLOYER SURVEY

As a Rhode Island employer, we would like your help in assessing our new TDI Partial Return to Work (RTW) program. Since implementation in January, 2006, several hundred of Rhode Island workers have used this program, through which they may be certified to return to work partially, as they continue to recover from their qualifying illness or injury. Our records indicate that one or more of your employees has received TDI partial payment benefits.

The purpose of this survey is to test awareness of the Return to Work Program (RTW), its features, ease of use, and to find out how we may improve the program going forward.

This survey should take no more than two minutes to complete. A return envelope is enclosed for your convenience.

IMPORTANT: Your individual answers and comments will be kept totally confidential. The total responses from all surveys will be tallied together, and will be used to understand how the program is working, and where we may make needed improvements.

1. How did your company hear about the Partial Return to Work program?
☐ through information from TDI
☐ through medical or health care provider
☐ through the media
☐ through professional organizations
☐ from employees
☐ from others within our company
☐ other, (please list) _____
☐ I have not heard of it

2. How has the Partial Return to Work program helped your employees and/or your company?
 Check all that apply.
☐ has enabled our employees to get back to work sooner
☐ has provided a way for employees to ease back into work after illness/injury
☐ has reduced overtime and/or need to hire temporary workers
☐ other (please list) _____
☐ has not really helped our company

Below are some of the features of the Partial Return to Work program. Please circle the number that best describes your experience.	Completely Agree	Somewhat Agree	Do Not Agree	Don't Know/ Not Sure	N/A Does Not apply
Overall, the Partial Return to Work program has worked well for me.	1	2	3	4	5
The forms were clear and easy to complete.	1	2	3	4	5
TDI answered my questions or concerns fully and courteously.	1	2	3	4	5

Please return this survey in the enclosed envelope to RI Dept. of Labor & Training, TDI Unit, P.O. Box 20100, Cranston, RI 02920-9984 by [date].

Thank you for helping us assess and improve the TDI Return to Work program.

**TDI Partial Return to Work Survey
CUSTOMER and EMPLOYER Results**

CUSTOMER SURVER			EMPLOYER SURVEY		
1	How did you hear about the Partial Return to Work program?		1	How did you hear about the Partial Return to Work program?	
	Through information from TDI	68%		Through information from TDI	55%
	Through my medical or health care provider	18%		Through my medical or health care provider	4%
	Through the media	0%		Through the media	4%
	Through my workplace	16%		From employees	16%
	N/A	N/A		From others within our company	3%
	N/A	N/A		Through professional organizations	6%
	Other	10%		Other	4%
	N/A	N/A		I have not heard of it	27%
	TOTAL	112%		TOTAL	120%
<i>Note: TOTAL equals more than 100%, because respondents could check more than one answer. Note: N/A = response choice not on customer / employer survey.</i>					
2	How has the Partial Return to Work program helped you?		2	How has the Partial Return to Work program helped your employees and/or your company?	
	Enabled me to get back to work sooner	45%		Enabled our employees to get back to work sooner	37%
	Provided a way to ease back into work after my illness/injury	72%		Provided a way for employees to ease back into work after my illness/injury	45%
	Reduced the boredom/depression of not being able to work	29%		N/A	N/A
	Raised my spirits to be back with my friends and colleagues at work	30%		N/A	N/A
	N/A	N/A		Has reduced overtime and/or need to hire temporary workers	17%
	Other	10%		Other	11%
	Has not really helped me	10%		Has not really helped our company	23%
	TOTAL	196%		TOTAL	133%
<i>Note: TOTAL equals more than 100%, because respondents could check more than one answer. Note: N/A = response choice not on customer / employer survey.</i>					

**TDI Partial Return to Work Survey
CUSTOMER and EMPLOYER Results (continued)**

	CUSTOMER SURVER			EMPLOYER SURVEY	
3A	Overall, the Partial Return to Work program has worked well for me.		3A	Overall, the Partial Return to Work program has worked well.	
	Completely Agree	60%		Completely Agree	31%
	Somewhat Agree	20%		Somewhat Agree	34%
	Do Not Agree	11%		Do Not Agree	1%
	Don't Know/Not Sure	4%		Don't Know/Not Sure	18%
	N/A Does Not Apply	5%		N/A Does Not Apply	16%
	TOTAL	100%		TOTAL	100%
3B	The forms were clear and easy to complete		3B	The forms were clear and easy to complete	
	Completely Agree	55%		Completely Agree	34%
	Somewhat Agree	31%		Somewhat Agree	32%
	Do Not Agree	8%		Do Not Agree	6%
	Don't Know/Not Sure	1%		Don't Know/Not Sure	16%
	N/A Does Not Apply	5%		N/A Does Not Apply	12%
	TOTAL	100%		TOTAL	100%
3C	TDI answered my questions or concerns fully and courteously		3C	TDI answered my questions or concerns fully and courteously	
	Completely Agree	60%		Completely Agree	34%
	Somewhat Agree	21%		Somewhat Agree	14%
	Do Not Agree	12%		Do Not Agree	3%
	Don't Know/Not Sure	0%		Don't Know/Not Sure	16%
	N/A Does Not Apply	7%		N/A Does Not Apply	33%
	TOTAL	100%		TOTAL	100%

New TDI Information

TDI and Partial Return to Work

Effective January 1, 2006 TDI allows people collecting TDI to return to work on a partial basis without terminating their TDI benefits entirely. An individual who earns less than the weekly benefit rate would be entitled to a partial payment.

Your patient must be totally unable to work for at least 7 consecutive days before being eligible to receive partial benefits. If your patient is able to return to work part-time and the employer has work available for them, your patient may be eligible to collect partial TDI payments. The TDI-3 "Statement of Attending Qualified Healthcare Provider (QHP)" medical certification now has questions concerning partial return to work.

TDI Procedures for Preventing Fraud and the Misuse of Benefits

TDI is very proactive with respect to fraud and the misuse of benefits. By law, TDI can require individuals to be examined by an impartial Qualified Healthcare Provider in order to determine continued disability and eligibility for benefits. The Medical Review Unit refers claims to the TDI Medical Consultant for further review and recommendation as needed. Medical duration guidelines are used by the Medical Review Unit to determine disability durations. TDI has an internal program to determine if someone has received TDI benefits during a period when he or she was working. TDI works closely with the Workers' Compensation Court, insurance carriers and the Unemployment Insurance Division to determine overpayments and/or fraud.

Did you know.....

Rhode Island was the first state to establish a Temporary Disability Insurance (TDI) program. It did so in 1942. TDI provides income support to individuals who are out of work because of a non-work related illness or injury. In addition to Rhode Island, only California, Hawaii, New Jersey, New York and the Commonwealth of Puerto Rico have TDI programs.

To be medically eligible for TDI benefits, a Qualified Healthcare Provider (QHP) must certify that an individual is unable to work for at least 7 consecutive days. Most individuals who work in Rhode Island, regardless of place of residence, are covered by TDI. (Exceptions include federal, state and some municipal employees as well as partners and non-incorporated self employed workers.)

To be eligible, an individual must meet certain earnings requirements and be medically certified by a qualified healthcare provider as unable to work. All information regarding a TDI claim is confidential. A person collecting TDI is NOT eligible to receive Unemployment Insurance or Workers' Compensation benefits for the same weeks that TDI is paid.

TDI is a division of the Rhode Island Department of Labor and Training. The program is financed entirely by deductions from Rhode Island workers' wages.



www.dlt.ri.us/tdi



Introducing TDI's new Claims Management Unit

TDI is pleased to announce its new **Claims Management Unit (CMU)**. The purpose of the Claims Management Unit is to review claims that extend beyond medical duration guidelines, and to educate claimants, employers and Qualified Health Providers on how the TDI Program operates.

TDI has purchased the Reed Group's Medical Disability Advisor (MDA) software to establish unified medical certification guidelines. The CMU consists of two Registered Nurses who will review and manage difficult TDI claims utilizing the MDA software. You may be contacted to provide more detailed information on a patient when the duration for an illness or injury far exceeds the MDA guidelines.

During a TDI pilot study conducted in March of 2005, a majority of QHPs supported the idea of a TDI claims management system and welcomed the use of medical duration guidelines as a standard.

For more information regarding the Claims Management Unit and the MDA guidelines, please call us at (401) 462-8446 or e-mail tdi@dlr.state.ri.us.



Your Role and Responsibilities

What is a Qualified Healthcare

Provider (QHP)? As a result of legislation enacted on July 7, 2004, Midwives, Nurse Practitioners, Physician Assistants, Physicians and Psychiatric Clinical Nurse Specialists are Qualified Healthcare Providers. Midwives, Nurse Practitioners, Physician Assistants, Physicians and Psychiatric Clinical Nurse Specialists can certify as to the inability of individuals to perform their regular or customary work, due to sickness.

What Are My Responsibilities as a

QHP? QHPs are asked to provide TDI medical certifications to determine if individuals are unable to work due to a non-work related illness or injury (the ICD-9 code is required). If the individual is unable to work, the QHP certifies how many weeks duration the individual is unable to work. They also provide patient medical reports when requested by TDI.

What Happens When a Disability

Duration Exceeds the Medical Duration

Advisor? When a disability duration exceeds the medical duration guidelines the claim is referred to the Claims Management Unit for further review. A Registered Nurse in the Unit will make an additional review of the claim and if necessary, will contact the Qualified Healthcare Provider and/or the TDI customer for additional information.

To Become a TDI Impartial Qualified Healthcare Provider for TDI....

TDI is constantly seeking to increase the number of impartial qualified healthcare providers in order to better service its customers. If you are interested in becoming an impartial examiner you may contact TDI at (401) 462-8381 or e-mail tdi@dlr.state.ri.us. TDI maintains a database of impartial qualified healthcare providers for all medical specialties, serving the entire state.

Helpful Tips Concerning the TDI Medical Certification Form

(TDI-3 Statement of Qualified Healthcare Provider)



ICD-9 Code is **Required**.



If the QHP's medical certification extends beyond the Medical Disability Advisor (MDA) guidelines, the TDI customer may be required to schedule an appointment with an impartial medical examiner. As an example, TDI encourages consultation by a qualified mental health specialist for certifications beyond 6 weeks related to behavioral health disorders (stress anxiety/depression etc.).



If an individual has complications prior to delivery, the complications must be clearly stated on the Medical Certification form or the claim will be paid only from the week of delivery. Post delivery complications must also be clearly indicated to qualify for further benefits.



You may mail or fax the certification back to TDI. Please choose only one method to avoid duplication.



The form MUST be signed by a licensed, Qualified Healthcare Provider.



TEMPORARY DISABILITY INSURANCE

1511 Pontiac Avenue, Cranston, RI 02920

Phone for QHP Offices Only (401) 462-8447

Phone for all patients (401) 462-8420

Fax (401) 462-8466 | TDD (401) 462-8006

www.dlr.ri.gov/tdi

New TDI Information

TDI and Partial Return to Work

Effective January 1, 2006 TDI legislation allows people collecting TDI to return to work on a partial basis without terminating their TDI benefits entirely. An individual who earns less than the weekly benefit rate would be entitled to a partial payment.

Employees must be totally unable to work for at least 7 consecutive days before being eligible to receive partial benefits. If your employee is able to return to work at reduced hours and if you, the employer, have work available for them, he or she may be eligible to collect partial TDI payments.

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To be eligible, an individual must meet certain earnings requirements and be medically certified by a qualified healthcare provider as unable to work. All information regarding a TDI claim is confidential. A person collecting TDI is NOT eligible to receive Unemployment Insurance or Workers' Compensation benefits for the same weeks that TDI is paid.

TDI is a division of the Rhode Island Department of Labor and Training. The program is financed entirely by deductions from Rhode Island workers' wages.

A banner for TDI Temporary Disability Insurance. It features three smiling people (two men and one woman) in business attire. The text "TDI" is in large yellow letters, and "Temporary Disability Insurance" is in white. Below the people, the text "What Employers Need to Know" is written in large yellow letters. The Rhode Island Department of Labor and Training logo is in the bottom right corner.

TDI
Temporary Disability Insurance

What Employers Need to Know



Introducing TDI's new Claims Management Unit

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For more information regarding the Claims Management Unit and the MDA guidelines, please call us at (401) 462-8446 or e-mail tdi@dlr.state.ri.us.



Your Role and Responsibilities

What are my responsibilities as an Employer?

TDI is funded entirely by employee payroll deductions. It is your responsibility as the employer, to deduct the TDI tax from all your employees' wages and send it to the Employer Tax Unit quarterly. The TDI tax rate and taxable wage base are updated every January 1st, and can be accessed online at www.dlr.state.ri.us by clicking on Maximum UI & TDI rates.

You also need to provide employee wage and employment reports when requested by TDI. This occurs when one of your employees files a TDI claim.

Out-of-state companies with employees in RI need to contact the RI Division of Taxation, Employer Tax unit at 401-222-3682 and register with the state of Rhode Island. The RI employees are subject to TDI.

The poster, "*Notice to All Employees on UI and TDI*", must be displayed in a prominent place in your establishment. You can download this required employment poster, for free, at www.dlr.state.ri.us/business/post.htm.

What if I suspect that my employee is receiving TDI and shouldn't be? If you suspect that one of your employees is receiving TDI benefits and should not be, you may contact the UI/TDI Fraud Unit at (401) 462-8419. Your call will be anonymous.

Do you have questions on the TDI program?

TDI strives to provide quality customer satisfaction to the employer community as well as to TDI claimants. If you have questions, please do not hesitate to contact us. Because of the high volume of calls from claimants, the best way for employers to reach us is by e-mailing tdi@dlr.state.ri.us. Please e-mail your questions, along with your company name, contact person and phone number and we will get back to you as soon as we can. You may also contact TDI by phone on the employer line at (401) 462-8360 (this number is for employers only - employees are to call the claimant line at (401) 462-8420).

Frequently Asked Questions

Can my employees receive TDI if I continue to pay them? Yes. If your employee is totally unemployed due to a disability and you continue to pay your employee a salary, sick or vacation pay while they are out sick, they can collect TDI benefits. If your employee has returned to work at reduced hours and is collecting partial TDI, all earnings are considered.

If my employee is receiving TDI, can I deduct the TDI benefits received from the salary I continue to pay him or her? This is not an issue for TDI to decide. This would be a policy decision for the employer.

My employee is on TDI. What are my rights as an employer? Can I obtain information on my employee's TDI claim? The relationship is between TDI and the employee. The only time an employer is contacted, is when TDI requests wage and/or employment information for an employee. This is a good indication that the employee has filed for TDI benefits. By law, all information regarding a TDI claim is confidential.

Must I continue medical coverage when my employee is on TDI? Must I hold their position open? These questions can be answered by DLT's Labor Standards (Wage and Hour) unit. You may contact Labor Standards at (401) 462-8550 or visit them on-line at www.dlr.state.ri.us. You may also contact the U.S. Dept. of Labor at (401) 528-4431 or visit their website at www.dol.gov.

TEMPORARY DISABILITY INSURANCE

1511 Pontiac Avenue, Cranston, RI 02920

E-MAIL: tdi@dlr.state.ri.us

PHONE for employers (401) 462-8360

PHONE for employees: (401) 462-8420

FAX: (401) 462-8466 | TDD: (401) 462-8006

WEB: www.dlr.state.ri.us/tdi



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Donald L. Carcieri, Governor | Adelita S. Orefice, Director

The Rhode Island Department of Labor and Training is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.